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Patent and Trademark Office

**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing

Attorney Docket Number	H 3624 PCT/US
First Named Inventor	BECKER, Wolfgang
COMPLETE IF KNOWN	
Application Number	09/807,664
Filing Date	07/05/2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SPINNING OIL FOR PRODUCING COMBED SLIVER

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY) **10/06/1999** as United States Application Number or PCT InternationalApplication Number **PCT/EP99/07475** and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §385(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
198 47 497.0	DE	10/15/1998	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

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DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MMDD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP99/07475	10/06/1999	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name _____ Customer Number _____ or label _____
OR _____

List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John E. Drach Steven J. Trzaska	32,891 36,296	Aaron R. Ettelman Henry E. Millson, Jr.	42,516 18,980

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: Customer Number _____ or label _____ **23657** OR Fill in correspondence address below

Name Aaron R. Ettelman
Address _____
Address _____
City _____ State _____ ZIP _____
Country _____ Telephone 610-278-4930 Fax 610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned

Given Name	Wolfgang	Middle Initial		Family Name	Becker	Suffix e.g. Jr.	
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Inventor's Signature	<i>Wolfgang Becker</i>	Date	<i>03/11/2001</i>
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Residence: City	Moenchengladbach	State		Country	Germany	Citizenship	Germany
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Post Office Address	Nordstrasse 176						
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Post Office Address							
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City	41236 Moenchengladbach	State		Zip		Country	Germany	Applicant Authority	
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Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Raymond	Middle Initial		Family Name	Mathis	Suffix e.g. Jr.	
Inventor's Signature					Date	12/11/00	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	France
Post Office Address	Sandstrasse 16						
Post Office Address							
City	40627 Duesseldorf	State	Zip	Country	Germany	Applicant Authority	

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Andreas	Middle Initial		Family Name	Lippmann	Suffix e.g. Jr.	
Inventor's Signature	Andreas Lippmann				Date	12/11/00	
Residence: City	Kaarst	State		Country	Germany	Citizenship	Germany
Post Office Address	Rottes 13						
Post Office Address							
City	41564 Kaarst	State	Zip	Country	Germany	Applicant Authority	

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature					Date			
Residence: City		State		Country			Citizenship	
Post Office Address								
Post Office Address								
City		State	Zip	Country			Applicant Authority	

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature					Date			
Residence: City		State		Country			Citizenship	
Post Office Address								
Post Office Address								
City		State	Zip	Country			Applicant Authority	

Additional inventors are being named on supplemental sheet(s) attached hereto